



Kentucky Transportation Cabinet
Motor Vehicle Commission
VEHICLE PURCHASE COMPLAINT

TC 98-5
08/2010

105 Sea Hero Road, Suite 1
Frankfort, KY 40601
Phone: (502) 573-1000
Fax: (502) 573-1003

Type or print neatly and submit to the Motor Vehicle Commission at the above address or fax number.

Today's Date: _____

Purchaser's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number Where You Can Be Reached: _____

Cell Phone: _____

Name of Dealership: _____

Dealership Address: _____

City: _____ State: _____ Zip: _____

Dealership Phone Number: _____

Name and Title of Person with Whom You Dealt: _____

Date of Your Last Contact with the Dealership and with Whom You Spoke: _____

What was the Dealership Response? _____

Make and Model of Vehicle: _____

Vehicle Identification Number (17 Characters): _____

Was Vehicle Obtained as: _____ New _____ Used _____ Lease

SUMMARY OF COMPLAINT: (Briefly describe your complaint, including specific dates)

*(Attach additional sheet if necessary)

Please include with this complaint copies of all documents, purchase contract, and retail installment contract that you received from the dealership. Submit information to the address or fax number at the top of this complaint form. Thank you.